N. PRACTICE GUIDELINES

Practice guidelines refer to methods and standards for providing clinical services to clients. They are based on clinical consensus and research findings as to the most effective best practices and evidence-based practices available. Because they reflect current interpretations of best practices, the guidelines may change as new information and/or technology becomes available. Special efforts must be given in respect to the unique values, culture, spiritual beliefs, lifestyles and personal experience in the provision of mental health services to individual consumers. Providers shall comply with standards as may be adopted by the Children's Mental Health Clinical Standards Committee. This Committee sets standards of care for Children's Mental Health within the county, develops system-wide guidelines, and includes representatives from County and Contract programs. Mental Health Administration shall provide written standards to all Children's Mental Health programs upon their approval.

Comprehensive, Continuous, Integrated System of Care (CCISC) Model

Clients with co-occurring mental health and substance use issues are common in the public mental health system and present with complex needs. Therefore, San Diego County has adopted the Comprehensive, Continuous, Integrated System of Care (CCISC) Model, which is an integrated treatment approach for individuals with co-occurring psychiatric and substance disorders. All clients aged 10 and over must be routinely assessed for co-occurring disorders, and younger children may be impacted by substance use or abuse on the part of their caretakers. Be aware that some children in San Diego have been identified as beginning to use substances as early as age 6, and this must be assessed, particularly in high risk family situations. When serving a child, adolescent, or family that meets the criteria for co-occurring disorders these guidelines must be followed:

- Document in the chart that the client and/or family was given a copy of your program's Welcoming Statement, if any.
- Include substance use and abuse issues in your intake assessment and assessment updates, including on the MHS 650, and also use any additional screening tools that may be adopted or required.
- If both types of disorders are present in the client at diagnostic levels, list the mental health diagnosis as the primary disorder and the substance use diagnosis as the secondary disorder. This indicates that the mental health diagnosis will be the primary focus of treatment, not necessarily that the mental health disorder is the more important disorder or the cause of the substance use.
- Report substance use or abuse, including in a caretaker, in the Axis IV rating and/or in the Other Factor code in InSyst as appropriate.
- Treatment planning should deal with the substance use issue, either by referral or direct treatment. Even if the client or family is referred for substance abuse treatment, the

treatment plan should document how that treatment will be coordinated or integrated into mental health

- Progress notes should be carefully stated to remain within Medi-Cal guidelines. If the substance use is in a collateral person, the progress note must focus on the impact of the substance use on the identified client. Though notes may focus solely on substance use in an EPSDT client, this is permissible only if treatment for the substance use disorder is not otherwise available. In most instances, it is preferable to approach the substance use in the context of the mental health disorder, and create an integrated note and treatment regime.
- It is not appropriate to exclude a client from services solely because of the presence of a substance use disorder or a current state of intoxication. This decision should be made based on the client's accessibility for treatment, as well as client and provider safety concerns.

CMHS dual diagnosis capable programs must self monitor their capability by using the COMPASS survey (for programs on an annual basis) and the CODECAT (for clinicians).
Programs must have an identified lead and selected CADRE members available for trainings.
Indication of designated staff and completion of surveys will be made on MSR's.
After a program completes the COMPASS, they must develop an action plan which incorporates:

- ✓ Screening
- ✓ Assessment
- ✓ Treatment Plan
- ✓ Progress Notes
- ✓ Discharge summary
- ✓ Medication planning when appropriate
- ✓ Referrals

Programs in the system are dual diagnosis capable, in that they address co-occurring mental and substance-related disorders in their policies and procedures, assessment, treatment planning, program content and discharge planning. In addition, there are some dual diagnosis enhanced programs that have a higher level of integration of substance abuse and mental health treatment services and provide treatment to clients who are more symptomatic and/or functionally impaired as a result of their co-occurring mental disorder.

Drug Formulary for Mental Health Services

The Medi-Cal Formulary shall be adopted by all programs and physicians as the San Diego County Mental Health Services (MHS) formulary.

All clients, regardless of funding, must receive equivalent levels of care at all MHS programs. This includes the medications prescribed. The guidelines below will allow clinical discretion while including fiscal restraints in order to maximize available resources.

The criteria for choosing a specific medication to prescribe shall be:

1. The likelihood of efficacy, based on clinical experience and evidence-based practice
2. Client preference
3. The likelihood of adequate compliance with the medication regime
4. Minimal risks from medication side-effects and drug interactions.

If two or more medications are equal in their satisfaction of the four criteria, choose the medication available to the client and/or the system at the lowest cost. Programs shall provide information to all appropriate staff as to the typical cost for all drugs listed on the Medi-Cal Formulary, at least annually.

For all initial prescriptions, consideration should be given to prescribing generic medication rather than brand name medication unless there is superior efficacy for the brand name medication or the side-effect profile favors the brand name medication.

Providers shall follow the requirements for preparing a Treatment Authorization Request (TAR) as stated in the Medi-Cal Drug Formulary. TARs are required for both Medi-Cal and non-Medi-Cal clients.

- County-operated programs shall send TARs to the County Pharmacy for any non-formulary medication.
- Contractor operated programs shall develop an internal TAR process for dispensing non-formulary medication.

There shall be an appeal process for TARs that are not accepted.

Assembly Bill 2726

AB 2726 is a program designed to provide mental health services to special education students who need the services to benefit from their education. The students must have a mental health issue that affects their educational performance, or impedes them from benefiting from educational services, and who do not respond to counseling provided by the school.
The educational mental health services are identified on the student's Individualized Education Plan (IEP). The major service delivery models used are Outpatient Therapy, Day Treatment and Residential Care. The County of San Diego's Special Education Services (SES) program provides assessment, re-assessment and case management services for these identified clients.
The SES program provides regionalized services and has Central and North County office locations.

AB2726 (Assembly Bill 2726; also known as AB3632) is a program designed to provide educational mental health services for special education students. These services are listed on the students' Individualized Education Plan (IEP).

Referrals to the County of San Diego's SES program can be from school staff or parents. Once a referral is received, an SES case manager is assigned to complete a multi-faceted assessment, within mandated timelines, to determine eligibility for AB2726 services. If the case manager recommends outpatient therapy through AB2726, the services are added to the student's IEP. A Mental Health Treatment Plan is completed and the referral is forwarded to an outpatient provider. The SES case manager then closes the case in their program, and the outpatient clinician provides the special education services, as per the IEP and the Mental Health Treatment Plan. Providers must follow the specified regulations and procedures within the Interagency Agreement.

Outpatient Standards for Adult AB2726 Clients

Outpatient service requirements for standards of practice with regard to provider/school interactions on behalf of Adult AB2726 students have been established and are to be documented in the medical record as follows:

- Timeline for Intake within 7-10 calendar days
- Upon receipt of assignment the clinician shall contact the school contact person
- A face-to-face contact between the therapist and school person (teacher or other designated contact person) within the first 60 (sixty) days of treatment.
- A minimum of monthly contact with the school contact thereafter to include discussion regarding medication effectiveness as well as academic status and behavioral management.
- A home visit by the therapist during the course of treatment. Exception shall include justification in the medical record as to why a home visit is not clinically indicated.

  (Justification for exception of the home visit for existing clients who have been in treatment a year or more may be the length of time they have been in treatment already and the move to termination).

- Attendance of therapist, or knowledgeable representative from the mental health program, at IEP meetings when a major educational placement change may occur, at annual review and at the end of treatment.
- Quarterly Progress Mental Health IEP Reports shall be submitted to the client/parent and the teachers—(refer to Mental Health IEP Reporting section below)
- Comply with Time lines for Requests for Information and Records. Under the Individuals with Disabilities Education Act, pupil records are subject to the federal FERPA and state pupil records provisions, including state rules on providing copies to

parents. All AB2726 parent/client requests for pupil records are to be completed and delivered to the parent/client within 5 (five) calendar days. Any request for release of pupil records must be accompanied by a signed authorization for release of those records.

Mental Health IEP Reporting

- The outpatient clinician shall contact the student's teacher monthly to discuss progress and concerns. This contact shall be recorded in the client's medical record.
- The outpatient clinician shall submit the "Quarterly Progress Mental Health IEP Report" (See Section O, Attachment 22) to the client and school contacts on a quarterly basis. This report shall document the student's progress on the Mental Health IEP goals addressed through outpatient services. A copy of this report shall be maintained in the client's medical record.
- The outpatient clinician shall coordinate the AB 2726 outpatient mental health services with all other counseling services the student is receiving that are documented on the IEP. Evidence of such service coordination shall be documented in the client's medical record.
- The outpatient clinician shall update the "Mental Health Treatment Plan" (See Section O, Attachment 23) at the Benchmark/Short Term Objective time frames listed on the form. Clinician shall complete an updated "Mental Health Treatment Plan" every six months, and request an IEP meeting for IEP team to review and accept updated plan. (Note: to reconvene an IEP meeting, the outpatient provider completes a "Need for IEP Review"-{See Section O, Attachment 24} and forwards it to the school contact). Please note that the Clinician needs to maintain all signed, updated IEP's in client's medical record.

Medication Monitoring for AB 2726 Clients

Medication evaluation and/or medication management services are provided under the required provisions of the AB 2726 program and are at no cost to the client/parent (per Section 60020, Education Code. Authority: Section 7587, Government Code). The medication itself is not a benefit covered by the AB 2726 program nor does the County incur this service or cost.

The following are some general guidelines to assist clients and families in obtaining assistance with medication and laboratory costs:

IF CLIENT HAS MEDI-CAL

Program Psychiatrist can write a prescription and have the client fill it at a Medi-Cal participating pharmacy, as is the current procedure.

IF CLIENT HAS HEALTHY FAMILIES

Program staff, clinician, or Psychiatrist should work with the client's Physician to see if they will provide medication if provided with a consultation or Psychiatric Evaluation by the program Psychiatrist. Providers should be aware that Healthy Families may refer the student back to County Mental Health for an assessment. If this occurs and the client is diagnosed with a Severe Emotional Disturbance (SED), then the program would be responsible for medication under the Healthy Families carve-out.

IF CLIENT/FAMILY HAS PRIVATE INSURANCE

Refer to services covered by family's private insurance plan.
(Parents/Clients with private insurance coverage will be helped by the passage of The Mental Health Parity Law (AB 88) two years ago. AB 88 requires most California health care plans to cover the diagnosis and medically necessary treatment of serious mental illness and emotional disturbances of a child on terms equal to their health plan medical coverage.)

IF CLIENT'S/FAMILY'S PRIVATE INSURANCE HAS NO MENTAL HEALTH BENEFIT

Program should verify with insurance plan if mental health is a covered benefit due to the Mental Health Parity Law (AB88). Mental health program Psychiatrists may be able to provide sample medications or work with the client's Physician to see if they will provide medication if provided with a consultation or Psychiatric Evaluation by the program Psychiatrist.

IF CLIENT IS INDIGENT

Every effort must be made to link the family to other resources in the community.

Program Psychiatrists may be able to provide sample medications or work with the client's Physician to see if they will provide medication if provided with a consultation or Psychiatric Evaluation by the program Psychiatrist.

Program can provide financial screening to determine the annual client liability for mental health services using the "Uniform Method for Determining Ability to Pay" (UMDAP) method. Following the financial screening, the Program Manager must approve all clients who will be receiving medication through the program.

Discharge for AB2726 Clients

1. Discharge may occur when a student is ready to leave the outpatient program because:

    a. they have met their mental health IEP goals;
    b. a change in the mental health level of care is needed;
    c. the client is refusing services

    Note: Any and all changes must be reviewed by the IEP team members, which include at a minimum: the outpatient clinician, the district of residence, and the client/parent. Some changes in the level of care may require a request for reassessment through the IEP process.

2. The program will coordinate discharge planning with the school district liaison(s) before providing any specific information to the client.

3. Discharge recommendations regarding level of care will be developed in accordance with AB2726 guidelines and may require a request for reassessment through the IEP process.

4. Discharge summaries shall clearly address student progress on IEP goals and other treatment issues.

5. When a student is transferring from one outpatient program to another, the student may not be discharged from the sending program until he/she has been admitted to the new program. The outpatient clinician shall make certain that there is connection to the new program. This includes ensuring outpatient mental health services on the IEP are changed from the sending school district to the receiving school district.

6. Programs shall not discharge a student without requesting an IEP review. Stay put orders apply in cases of Due Process.

7. Notify the regional Mental Health Special Education services program manager in writing when there are critical problems related to IEP (e.g. client fails to start treatment).

Please note: If the County is required to pay for the cost of private treatment as a result of an AB2726 due process action where the Contractor has not complied with the AB2726 policies and procedures, Contractor shall reimburse the County for the cost of the private treatment paid by the County.

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